

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
O. BOX 942732  
ACRAMENTO, CA 94234-7320



July 3, 1990  
Letter No.: 90-65

TO: All County Welfare Directors  
All County Administrative Officers  
All County MEDS Coordinators

SUBJECT: MEDS NETWORK EQUIPMENT REQUESTS

This is to provide county welfare departments with procedures to follow when requesting new or relocating existing Medi-Cal Eligibility Data System (MEDS) network computer equipment and/or services.

Some counties have identified a need for additional MEDS network computer equipment (terminals, printers, controllers, etc), the relocation of equipment to accommodate shifts in the MEDS workload, or new MEDS network communication lines.

If your county has a need for additional equipment to support Central Data Base (CDB), the Income and Eligibility Verification System (IEVS), Systematic Alien Verification for Entitlements (SAVE), or Medicare Catastrophic Coverage Act (MCCA) activities you should submit a request, with justification to:

Mr. Mel Picanco, Chief  
County Approvals Section  
Department of Social Services  
744 P Street, M.S. 19-12  
Sacramento, CA 95814

If your county has a need for additional equipment to support Medi-Cal activities you should submit your request on a MEDS 32, MEDS NETWORK SITE EQUIPMENT REQUEST form (Enclosure 1); this should be sent via EMC2, the MEDS electronic mail system.

The MEDS 32 form covers four types of requests: 1) new site, 2) additional equipment, 3) relocations, and 4) closures. When completing the form it is very important that all required information is supplied according to type of request as follows:

New Site:

1. Full address, include room number and floor number (if only one floor, say first floor).
2. Two site contact persons (primary and alternate) and phone numbers. These people should be located at the site receiving the equipment.

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3. Date - this is the operational date your county requires the site to be active.
4. Amount and types of MEDS network equipment requested.

Additional Equipment:

Same information as for a new site plus:

1. Current MEDS communication line ID and drop number.
2. Current MEDS controller serial number.
3. Current MEDS terminals and printers serial numbers.
4. Estimates for monthly workload volume.
5. Additional justification, list all programs affected.

NOTE: We must have serial numbers to process the requests.

Relocation:

Same information as New Site and Additional Equipment.

Closure:

1. Plans for relocating or returning equipment..
2. Date the Site must close down.

When requesting New Site(s), additional MEDS equipment, or to relocate an existing MEDS communication line, you should be aware of the time required for the various tasks to be completed, Enclosure 2, Timeframe for Requesting New and/or Relocating MEDS Network Equipment, indicates the standard timeframes.

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If you have any questions, please feel free to contact Al Brinsfield of my staff at (916) 324-7977.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants  
MEDS Liaisons

Date: (will be filled in by the computer)  
 To: HDABRIN, HS.MEB.AL.BRINSFIELD@DHSEMC2 <<< (preaddressed)  
 From: HS.MEB.AL.BRINSFIELD@DHSEMC2 <<< (preaddressed)  
 SUBJECT: MEDS Network Site Equipment Request

## MEDS Network Site Equipment Request

## COUNTY REQUEST:

County \_\_\_\_\_ Date (will be filled in by the system)  
 MEDS Coordinator \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Type of Request: New Site \_\_\_\_\_ Additional Equipment \_\_\_\_\_  
 Relocation \_\_\_\_\_ (See Note 1, page 2) Closure \_\_\_\_\_

Requested Completion Date: \_\_ / \_\_ / \_\_ (Minimum of 90 days)

To: Site Address: \_\_\_\_\_ Room No. \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Site Contact: \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
 Alt Site Contact: \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

## COMPLETE NEXT FOUR ENTRIES FOR RELOCATIONS ONLY:

From: Site Address: \_\_\_\_\_ Room No. \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Site Contact: \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
 Alt Site Contact: \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

## COMPLETE THE FOLLOWING WHEN REQUESTING MEDS EQUIPMENT FOR NEW SITE OR ADDITIONAL EQUIPMENT FOR AN EXISTING SITE:

Estimates for monthly workload volume/online system usage at this site

1. Number of individual recipients served ..... \_\_\_\_\_  
 or cases handled at this site ..... \_\_\_\_\_
2. Volume of SSI/SSP recipients handled at this site ..... \_\_\_\_\_
3. Number of "Immediate Need Cards" issued ..... \_\_\_\_\_
4. Number of inquiries ..... \_\_\_\_\_
5. Number of online transactions ..... \_\_\_\_\_
6. Number of screen prints issued ..... \_\_\_\_\_

## MEDS NETWORK EQUIPMENT REQUESTED:

1. Number of terminal(s) requested for this site ..... \_\_\_\_\_
2. Number of printer(s) requested for this site ..... \_\_\_\_\_
3. Number of staff using the terminals/printers at this site. \_\_\_\_\_
4. For additional equipment you MUST list the present line ID ( \_\_\_\_\_  
 and controller serial number \_\_\_\_\_

Additional justification, list all programs affected (MEDS, CDB, IEVS, SAVE, IHSS, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE 1: Relocations -

For relocation, you MUST list the present line ID (\_\_\_\_  
and controller serial number \_\_\_\_\_

List CURRENT MEDS equipment as follows:

(Requestor MUST list serial numbers)

Terminal ID No: \_\_\_\_\_ , Serial No: \_\_\_\_\_

Terminal ID No: \_\_\_\_\_ , Serial No: \_\_\_\_\_

Terminal ID No: \_\_\_\_\_ , Serial No: \_\_\_\_\_

Terminal ID No: \_\_\_\_\_ , Serial No: \_\_\_\_\_

Terminal ID No: \_\_\_\_\_ , Serial No: \_\_\_\_\_

Printer ID No: \_\_\_\_\_ , Serial No: \_\_\_\_\_

Printer ID No: \_\_\_\_\_ , Serial No: \_\_\_\_\_

Printer ID No: \_\_\_\_\_ , Serial No: \_\_\_\_\_

Printer ID No: \_\_\_\_\_ , Serial No: \_\_\_\_\_

(If more terminal/printers are being moved, please list at  
bottom of this page).....

ADDITIONAL COMMENTS:

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Should you have any questions concerning this form, please contact  
Al Brinsfield, MEDS Network Equipment Liaison, Systems Unit,  
Operations Section, Medi-Cal Eligibility Branch at (916) 324-7977,  
or via Emc2 user ID: HDABRIN

Press PF Key 4 to send the form to yourself and HDABRIN.

TIMEFRAME FOR REQUESTING NEW AND/OR RELOCATING MEDS-NETWORK EQUIPMENTRequest Flow

<u>Type of Request</u>	
<u>New</u>	<u>Re-locate</u>
X	X

- |   | <u>New</u> | <u>Re-locate</u> | <u>Add</u> |
|---|------------|------------------|------------|
| 1. <u>Medi-Cal Eligibility Branch (MEB)</u><br>Timeframe: 10 to 15 working days<br>Letter received from county - approved/disapproved<br>Letter/memo to county/Data Systems Branch (DSB)  | X          | X                | X          |
| 2. <u>Data Systems Branch (DSB)</u><br>Timeframe: 5 to 7 working days<br>Memo received from MEB<br>Service Request prepared<br>Service Request to Health & Welfare Data Center (HWDC)   | X          | X                | X          |
| 3. <u>Health &amp; Welfare Data Center (HWDC)</u><br>Timeframe: 5 to 10 working days<br>Service Request received from DSB<br>Impact analysis performed<br>Orders prepared - sent to appropriate vendors, except equipment requests which go to Dept. of General Services (DGS) Procurement.<br>HWDC System updated on specified date. | X          | X                | X          |
| 4. <u>Dept. of General Services (DGS) - Procurement</u><br>Timeframe: 3 to 15 working days<br>Equipment order received from HWDC<br>Impact analysis performed<br>Reviewed, orders sent to vendors if approved.  | X          |                  | X          |
| 5a. <u>Telephone Company</u><br>Timeframe: 41 working days<br>Service order received from HWDC<br>Notification to each company affected (Pac Bell, GTE, etc.)<br>Circuit and channel interface installed, tested.   | X          | X                |            |
| 5b. <u>IBM</u><br>Timeframe: 60 working days<br>Service order received from HWDC<br>Internal orders prepared and sent<br>Equipment shipped from warehouse<br>Equipment received by county   | X          |                  | X          |
| 5c. <u>Paradyne/Codex</u><br>Timeframe: 45 working days<br>Service order received from HWDC<br>Internal orders prepared and sent<br>Modems shipped from warehouse<br>Modems received by county  | X          |                  | X          |
| 6. <u>Modem Installed</u><br>Timeframe: 5 working days<br>Once circuit is installed and modem is received by the county, HWDC calls Paradyne to install the modem.<br>A field engineer (FE) installs the modem.   | X          |                  | X          |

Request Flow

Type of Request  
Re-

<u>New</u>	<u>locate</u>	<u>Add</u>
<u>X</u>		<u>X</u>

7. Equipment Installed

Timeframe: 5 working days

Once modem is installed and equipment has been received by the county, HWDC calls IBM to install the equipment.

If this is a new site someone from DSB will be onsite when equipment is installed to do training.

Average Time Required:

Work Days =	<u>108-</u>	<u>76-</u>	<u>53-</u>
	139	88	139
Work Weeks=	22-28	16-18	11-28

DTE: 5a, 5b and 5c are being done simultaneously. When determining the completion date of your request count the action requiring the most time.